NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions:	Please type or use blue or black ink pen.	
	Completely fill in one circle.	

Print legible numbers and block letters, no script.

Reporting Information	F	OR OFFICE USE ONLY		0	
Year: 2012 .					
Fill in circle if amendment		DECEN) been bou		
		NECEIV	FN JAN 17 201	3	
R					
Il Client Information					
Name: ANSI PARTNERS, LLC					
Permanent Business Address: 8711 OLD BEE CAVES RO	DAD				
City: AUSTIN	State:TX ZIP o		ode: 78735	New parket for deep at Falls.	
Phone: (512)288-7410		A CONTRACT OF THE STATE OF THE			
III Business Relationship with an Entity Instructions: Fill out this section only if the Relationsh	y nip is with an Entity. If the	Relationship is with a Sta	e Person, skip this s	ection	
and fill out Section IV.					
Entity Name: HISCOCK & BARCLAY, LLP	AND THE RESERVE OF THE PARTY OF	minths) where a strate of the community of the strategy of the			
Entity Address: 300 SOUTH STATE STREET			adicina a para serina antin'ny any araona dia faranza any enfantsia and antin'ny anakana an	en a frank Mension bester.	
City: SYRACUSE	State: NY	ZIP c	ode: 13202		
Phone: (315)425-2873	and the second of the second o			Carrier and Carrie	
State Person with the Requisite Involvement in the	e Entity:		gar ar trooping state on the Company of the Salar of Company Company (Company)	ilizani zwycznie nasł	
Last name: BARCLAY	First name:	WILL			
State Person's Agency or Legislative Body of Emp	oloyment: NYS ASSEMBL	YMAN			
Public Office Address: 521 LOB				en en eganteliste en en eganteliste en en en en en en en	
City: ALBANY	State: NY	State: NY ZIP coa		de: 12248	
Phone: (518)455-5841	27		manifestation is "Communicated Advisoring Artistation of Applications of Communication of the September of Section 1997		
Check here if using addendum sheet for addition	nal State Person(s) with	the Requisite Involver	nent in the Entity:	0	
Description of Business Relationship(s):	Ace discount of the tenter of the time of time of the time of time	# #1440 articles (1 #0 m) to 0150 m 1550 m 257 (8 m 15			
	BEN SO WAR SHE SA				
Compensation (Actual or Anticipated):	\$89,094	.00	is		
Expenses (Actual or Anticipated):	\$.00	4 4x 2 mmm, mm m cannonece e		
Total Compensation and Expenses (Actual or An	ticipated):	\$89,094	.00		
		3 0 m 30 30 Well 5 etc.			
Beginning date of Business Relationship (Actual o	or Anticipated):	Month: APRIL Year: 2012			
End date of Business Relationship (Actual or Antic	cipated) if applicable:	Month: DECEMBER	Year: 2014		
Check here if using addendum sheet for addition	nal Relationship(s) with	different Entity/Entities	:	0	

	C1-1- D-4	The Control of the Co		
State Person Last Name:	State Per	State Person First Name:		
Agency or Legislative Body of Employment:	2 1 2			
Public Office Address:	w =			
City:	State:		ZIP code:	
Phone:				
Description of Business Relationship(s):	E W V THE SHEET SHEET			
			The state of the s	
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or	Anticipatea):	\$.00	
Beginning date of Business Relationship (Actua	al or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or A	nticipated) if applicable	e: Month:	Year:	
manustransia talanaan kalenda talanda kalenda ee				
Check here if using addendum sheet for addi	tional State Person(s):			
	180			
V Declaration				
V Declaration his Declaration must be signed by the Chief A	dministrative Officer. If	the Chief Administr	ative Officer, for any	
	dministrative Officer. If ate another person to s	the Chief Administr ign this Declaration	ative Officer, for any .) (See instructions.)	
V Declaration his Declaration must be signed by the Chief A eason, does not sign, he/she must duly design declare under penalty of perjury tha	t the information co	ign this Declaration Intained in this r	.) (See instructions.)	
V Declaration his Declaration must be signed by the Chief A	t the information co	ign this Declaration intained in this rebellef.	.) (See instructions.)	
V Declaration his Declaration must be signed by the Chief A eason, does not sign, he/she must duly design declare under penalty of perjury that correct, and complete to the best of recorders.	t the information co	ign this Declaration intained in this rebellef.	.) (See instructions.)	
V Declaration his Declaration must be signed by the Chief A eason, does not sign, he/she must duly design declare under penalty of perjury tha	t the information co ny knowledge and	ign this Declaration $\frac{1}{1}$.) (See instructions.) eport is true,	
V Declaration his Declaration must be signed by the Chief A eason, does not sign, he/she must duly design declare under penalty of perjury that correct, and complete to the best of recorders.	t the information co ny knowledge and	ign this Declaration intained in this rebellef.	.) (See instructions.)	